TDDD6700				MODTU CAROTINA		P3.0	p. 1	
IPDR6702 RUN DATE:	: 07/16/2006		IPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAG	E: 1	1
				HECKWRITE DATE: 07/18/2006				
				FINANCIAL PAYER: NCDMH				
								1
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8800	2	FURTHER PROCESSING NECESSARY,				
	H/DD/SAS			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		0	0					
		U	0		0	2	2	
								-
3404904	WESTERN HIGHLAN	3411	179	PROVIDER TYPE AND SPECIALTY 07				+
	DS LME			4/113 CANNOT BILL ENHANCED				1
				BENEFIT SERVICES ON OR AFTER D				
		79	58	THIS SERVICE IS NOT PAYABLE TO	0	287	7474	7187
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				-
				INOVIDER THE AND STECTABLE IN			<del>                                     </del>	
		143	30	CLIENT ID NUMBER NOT ON STATE				+
				ELIGIBILITY FILE				<u> </u>
3404910	PATHWAYS	11	135	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE		1	<u> </u>	
		_				-		+
	+	8933	34	ADTNC INELIGIBLE TO RECEIVE SE	4.6	222	2332	2 2110
				RVICES IN IPRS.	46	222	2332	2110
								+
								<del>                                     </del>
		5404	17	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
0.40.404.0		4007	-					
3404912	CATAWBA COUNTYM	4807	5	SERVICE DENIED. UNIT LIMITATIO  N HAS BEEN EXCEEDED FOR THIS				
	ENTAL HEALT			SERVICE				+
		8599	3	DETAIL NOT COVERED BY COMBINAT	4	14	381	L 367
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				1
3404913		11	597	CLIENT NOT ELIGIBLE ON SERVICE				+
3101313	MECKLENBURG COM ENTAL HEALT		557	DATE				+
	ENTAL HEALT							+
		8935	15	ASTNC INELIGIBLE TO RECEIVE SE	15	612	612	2 0
				RVICES IN IPRS.				
		1					<u> </u>	
3404916		0	0	*** NO DATA TO REPORT ***			<del></del>	
2404210	CROSSROADS BEHA	U	U	NO DATA TO REFORT ^^^		-	<del> </del>	+
-	VIORAL HEAL					1	<del></del>	+
	+					<del> </del>	<del>                                     </del>	+
	+	0	0		0	0	0	0
								1
3404917	CENTERPOINT HUM	21	774	DUPLICATE OF CLAIM-SYSTEM				
	AN SERVICES						<b></b>	
	-					1		+
	+	8599	382	DETAIL NOT COVERED BY COMBINAT		0.5.5		10-
-	+			ION OF RECIPIENT, PROVIDER AND	146	2021	6905	4884
	+	+		BENEFIT PACKAGE.			<u> </u>	+
								<b>T</b>
		143	154	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
2404045								
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***		1	<del>                                     </del>	-
	ENTAL HEALT							
								+
		0	0			0	0	) 0

DD011							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL	NUMBER OF	PROGREDATION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	205	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3411	77	PROVIDER TYPE AND SPECIALTY 07	44	452	13654	13202
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				DENETT CHATCHE ON ON THE THE D				
		5404	53	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404920	ALAMANCE CASWEL	11	31	CLIENT NOT ELIGIBLE ON SERVICE  DATE				
	L AREA MH D							
		0	0		0	31	32	1
3404921		3411	15	PROVIDER TYPE AND SPECIALTY 07				
	ORANGE PERSON C HATHAM AREA			4/113 CANNOT BILL ENHANCED	1			<b>H</b>
	MATHRIT AREA			BENEFIT SERVICES ON OR AFTER D				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR	0	17	100	83
			1	OV/PCODE/TOS/DOS/MOD				
3404922	THE DIDING OFFE	0	0	*** NO DATA TO REPORT ***				<del>                                     </del>
	THE DURHAM CENT ER	-						<del>                                     </del>
	100							
		0	0		0	0	0	0
3404923		11	398	CLIENT NOT ELIGIBLE ON SERVICE				
3101323	FIVE COUNTY MH		330	DATE				
		8599	63	DETAIL NOT COVERED BY COMBINAT	0	668	1391	723
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8534	56	SERVICE FACILITY LOCATION IS N				
		0001	30	OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404925	SANDHILLS CENTE	8599	339	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	116	AMTNC INELIGIBLE TO RECEIVE SE	147	782	8822	8040
				RVICES IN IPRS.	14/	762	8822	0040
		11	90	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				-
								-
3404926	SOUTHEASTERN RE	3411	200	PROVIDER TYPE AND SPECIALTY 07				
	G MENTAL HL			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
	-	0500	4.5.5			_		
		8599	155	DETAIL NOT COVERED BY COMBINAT	2	633	3228	2595
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
					1			1
		11	100	CLIENT NOT ELIGIBLE ON SERVICE				<del>                                     </del>
				DATE				
								-
3404927		8599	8	DETAIL NOT COVERED BY COMBINAT				-
	CUMBERLAND CO M HC		-	ION OF RECIPIENT, PROVIDER AND	1			1
	110			BENEFIT PACKAGE.				<del>                                     </del>
		8622	5	60 RESIDENTIAL LEVEL II TREATM	0	20	522	502
				ENT RECEIVED, PA IS REQUIRED				
	1			FOR ADDITIONAL SERVICE.				
		1	1		1	l .	l	1
		4807	5	SERVICE DENIED. UNIT LIMITATIO				
		4807	5	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929	T T T T T T T T T T T T T T T T T T T	0	0	*** NO DATA TO REPORT ***				
	LEE HARNETT MH/ DD/SAS							+
	DD/ 3A3							+
		0	0		0	0	0	ı
3404930		8599	80	DETAIL NOT COVERED BY COMBINAT				
3101330	JOHNSTON COUNTY	0333	00	ION OF RECIPIENT, PROVIDER AND				
	MNTL HLTHC			BENEFIT PACKAGE.				+
								+
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE	11	101	1244	1 114
				RVICES IN IPRS.				
		537	4	PROCEDURE IS NOT COVERED FOR T				
		537	4	HIS DATE OF SERVICE				
				nio bili or oblivior				1
								+
3404931	WAKE CO HUM SVC	21	57	DUPLICATE OF CLAIM-SYSTEM				+
	BILLING OF							
		8599	46	DETAIL NOT COVERED BY COMBINAT	1	130	1070	94
			1	ION OF RECIPIENT, PROVIDER AND				
			+	BENEFIT PACKAGE.				+
		8518	7	CLAIM DENIED, SUBMITTED BEYOND				+
			+	FILING TIMELIMIT. PRIOR				+
			+	FISCAL YEAR DOS (JULY 1 - JUNE				+
3404933	SOUTHEASTERN CT	8329	1	CLAIM DENIED ATTENDING PROVIDE				+
	R FOR MH/DD			R CANNOT BE THE SAME AS				
				THE LMA				
		0	0		0	1	1	
								1
3404934		11	2415	CLIENT NOT ELIGIBLE ON SERVICE				
3101331	ONSLOW CARTERET	**	2.120	DATE				
	BEHAV HEAL							
								+
		120	82	CLIENT ID NUMBER MISSING OR IN	1	2674	2786	5 11
				VALID. ENTER CID AND SUBMIT	_			
				AS A NEW CLAIM				
		8599	79	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935		0	0	*** NO DATA TO REPORT ***				
3404333	WAYNE CO MENTAL	0	0	NO BATA TO REPORT				
	HEALTH CTR							+
		0	0		0	0	0	)
			1		0			1
3404936	WILSON-GREENE M	21	4	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT		1					
	1		1					
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE				+
	+		<del>-</del>	RVICES IN IPRS.	2	6	152	2 14
			+					+
3404937	EDGECOMBE NASH	21	11	DUPLICATE OF CLAIM-SYSTEM				<b>†</b>
	MNTL HLTH C							
		0.500			-			
		8599	11	DETAIL NOT COVERED BY COMBINAT	0	27	245	5 21
			1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
			1	DEMERII FACRAGE.				+
		191	5	CLIENT ID NUMBER DOES NOT MATC				+
			-	H PATIENT NAME				+
			+					+
			+					+
3404939	NEUSE MENTAL HE	0	0	*** NO DATA TO REPORT ***				<b>+</b>
	ALTH CENTER							<b>†</b>
	1	0	10		0	0	150	15

	T	F	1	T				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	PITT CO MH/DD/S	4102	65	YOU ARE ATTEMPTING TO ADJUST A				
	AS CENTER			CLAIM THAT IS EITHER NOT				
				FOUND ON OUR FILE OR IS NOT FO				
		21	48	DUPLICATE OF CLAIM-SYSTEM	0	169	538	369
					0	169	538	369
		3411	29	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404942	ROANOKE CHOWANH	21	80	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
		3411	57	PROVIDER TYPE AND SPECIALTY 07	5	180	619	439
				4/113 CANNOT BILL ENHANCED				
		1	1	BENEFIT SERVICES ON OR AFTER D				
		8599	32	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA	21	59	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE	25	141	1334	1193
				RVICES IN IPRS.	25	141	1334	1193
		8599	16	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944		8534	295	SERVICE FACILITY LOCATION IS N				
	EASTPOINTE HUMA N SERVICES			OT A VALID IPRS ATTENDING				
	N OBNITODO			PROVIDER. PLEASE VERIFY THE F				
		21	131	DUPLICATE OF CLAIM-SYSTEM	1	781	1610	829
		8536	123	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
2404045		0	0	+++ NO DAWA WO DEPORT +++				
3404946	FOOTHILLS AREAM	0	U	*** NO DATA TO REPORT ***				
	ENTAL HEALT	-	<del> </del>					
		0	0		0	0	0	0
240405-								
3404957	TIDELAND MENTAL	U	U	*** NO DATA TO REPORT ***				
	HEALTH CTR	1	-					
		1	1					
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	8599	149	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO	1	-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1	-	BARLII INCHASE.				
		8931	73	AMTNC INELIGIBLE TO RECEIVE SE	79	499	7684	7185
		1	1	RVICES IN IPRS.	13	455	7004	7103
			20					
		11	72	CLIENT NOT ELIGIBLE ON SERVICE				
	1			DATE	1	l	1	1